



Deval L. Patrick  
Governor

Timothy P. Murray  
Lieutenant Governor

Kevin M. Burke  
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*Architectural Access Board*  
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Docket Number \_\_\_\_\_

Thomas G. Gatzunis, P.E.  
Commissioner

Thomas P. Hopkins  
Director

[www.mass.gov/dps](http://www.mass.gov/dps)

**HOUSING COMPLAINT FORM**

**PLEASE BE ADVISED THAT THIS FORM IS A MATTER OF PUBLIC RECORD AND WILL BE DISCLOSED UPON REQUEST.**

1. What is the name and EXACT address of the building believed to be in violation of the Rules and Regulations of this Board:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town: \_\_\_\_\_

2. What is building use (please check one or more)?

**a. Transient Lodging Facility** (temporary accommodations)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Hotel, Motel, Inns | <input type="checkbox"/> Dormitory        | <input type="checkbox"/> Halfway House        |
| <input type="checkbox"/> Bed & Breakfast    | <input type="checkbox"/> Resort           | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Boarding House     | <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Other: _____         |

**b. Multiple Dwelling** (Lodging or Residential Facility)

|   |  |
|---|--|
| <input type="checkbox"/> Shelter                    | <input type="checkbox"/> Apartment       |
| <input type="checkbox"/> Hospice                    | <input type="checkbox"/> Condominium     |
| <input type="checkbox"/> Group Home                 | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Congregate Living Facility | <input type="checkbox"/> Cooperative     |
| <input type="checkbox"/> Other: _____               | <input type="checkbox"/> Other: _____    |

c. What type (Please check one): Hire ☐ Rent ☐ Lease ☐ Sale ☐

3. How many units per building: \_\_\_\_\_ Total number of units in complex: \_\_\_\_\_  
How many floors in a building: \_\_\_\_\_ Total number of buildings in complex: \_\_\_\_\_

4. When was the building constructed or renovated? \_\_\_\_\_  
What was the most recent date you observe the violation(s): \_\_\_\_\_

5. Please cite each section of the Board's regulations that you believe is being violated, then describe each section as specifically as possible in the space below. (Please use additional sheets if necessary):

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**NOTE:** Separate forms are available for complaints on Buildings, Curb Cuts, Handicap Parking Spaces, and Public Telephones. Please call the office and request those forms.

**OPTIONAL INFORMATION**

The following information is optional, and your complaint will be processed regardless of whether or not the information is provided. However, you should be aware that the less information that is provided, the longer it will take this office to process your complaint.

a. Name and address of building owner or manager: \_\_\_\_\_  
\_\_\_\_\_

- b. The Board only considers complaints with respect to buildings which are:
- 1.) Constructed by the state, city or town, and construction, reconstruction, alteration or remodeling occurred after December of 1968; or
  - 2.) Privately financed buildings that are open to or used by the public and construction, reconstruction, alteration or remodeling occurred after June 10, 1975.

The following information may be obtained by contacting the local building department  
DATE(S) BUILDING PERMIT(S) WAS ISSUED: \_\_\_\_\_  
ESTIMATE COST(S) OF CONSTRUCTION: \_\_\_\_\_

- c. The assessed value of the building will determine the extent that a building must comply. You may obtain the assessed value of the building by contacting the local assessor's office:  
ASSESSED VALUE OF THE BUILDING AT TIME PERMIT WAS ISSUED: \_\_\_\_\_

6. Name and address of person/organization filing this complaint: \_\_\_\_\_  
\_\_\_\_\_ TEL: \_\_\_\_\_  
(If organization is filing, please provide the Board with the name of a contact person)

7. Signature **(required)**: \_\_\_\_\_ Date: \_\_\_\_\_